

# HCBS/FE Back-Up Plan

## Customer Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Guardian/Responsible Party: \_\_\_\_\_ Phone: \_\_\_\_\_

## Back-Up Plan Definition

A back-up plan assists in locating help in an emergency situation or if regularly scheduled worker(s) cannot provide your care, services, or supports. The plan must indicate: whom you will call, including service needs, and phone numbers, plans for service animals or pets, and plans for disaster preparedness. If in an adult care home, applicable pieces of the facility's Disaster and Emergency Preparedness Plan will be incorporated into the customer's back-up plan.

**If there is an emergency, call 911.**

## Back-Up Plan if worker(s) do not show up

I will call/contact one of the individuals listed below if my regularly scheduled worker(s) does not report for his/her scheduled time. (Examples: provider, friends, family, previous workers, church members, other volunteers)

Service:	Name:	Days/Times Not Available:	Phone:

- I will talk with back-up workers about their availability, pay, and my care needs before an emergency comes up. Below is my plan in case my worker(s) don't show up and I am unable to reach one of the individuals listed above:

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# HCBS/FE Back-Up Plan

- I understand I may only get my critical needs met in an emergency. Listed below is a current description of the necessary tasks that are essential to my health and welfare:

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Back-Up Plan in case of a natural disaster or emergency situation

- I will develop and post a list of emergency contacts that my providers may refer to easily, if necessary. (Example: whom to contact to assist in an emergency, or to assist with decisions)

Name:	Days/Times Not Available:	Phone:	Will be able to assist with:

- Listed below are my plans for natural disaster or emergency preparedness (including care of service animals or pets):

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## Other Support Contacts

- I will call the individuals listed below if my health or welfare is jeopardized by a dangerous or harmful situation.

Name:	Phone:	Address:	Relationship: (relative, doctor, TCM, other)

- If I believe I am at risk of harm from abuse, neglect, or exploitation, I know that I should contact **Adult Protective Services at 1-800-922-5330 if in the community or the KDOA Complaint Line at 1-800-842-0078 if in an adult care home.**

_____ Customer Signature	_____ Date	_____ Guardian/Responsible Party
_____ Customer Signature/Initials	_____ Date	_____ Guardian/Responsible Party
_____ Customer Signature/Initials	_____ Date	_____ Guardian/Responsible Party
_____ TCM Signature	_____ Date	
_____ TCM Signature/Initials	_____ Date	
_____ TCM Signature/Initials	_____ Date	